

Report Title: WiSACWIS Age Changes_
Report: PM02a00a: Home Providers
Topic: Home Provider : PM02a
Report Content: This report lists all case participants who turned five, twelve and fifteen years old in the previous month, and were moved from one service code to another. The second section of the report lists children who are in the wrong age range of service, for whatever reason, to aid workers in updating placements to reflect the proper age group.
Dependencies: None
Frequency: Monthly
Runtime Parameters: Specific County/All Counties; Month and Year
<p>Selection Criteria: List all Foster Homes for the County/Counties specified in the report parameters.</p> <p>Select all Case Participants who turned five, twelve, and fifteen years old in the previous month and consequently were moved from one service code to another.</p> <p>The report applies the County of the Worker with Primary Assignment to a Case to determine the participants to be included in the report: e.g...Case records where a Dane County worker is identified as Primary Worker, will appear as Dane County statistics. This is achieved by:</p> <ul style="list-style-type: none"> • Use EPISODE.id_Case to access the ASSIGNMENT information for the case. • Select ASSIGNMENT.id_prsn WHERE id_grp_lv11 = EPISODE.id_Case AND ASSIGNMENT.cd_asgn_ctgry = "CASE" AND ASSIGNMENT.cd_asgn_role = "PRIMARY" AND ASSIGNMENT.dt_end IS NULL. • Use WORKER.cd_ofc_div to determine the County of the Worker ID identified on the Assignment table.
Sort Criteria: Sort by County, and then by Case Participant Last Name.
Level Breaks: Page break on County.
Output Data: List case ID, participant first name, participant last name, provider last name, worker ID, birth date, old service code new service code, change in exceptional amount and site code.
Audience: Bureau of Fiscal Services
Business Intent:
Proposed Layout: A sample of the existing report is attached. Headings should follow the standard format of all WiSACWIS reports. The month and year being reported should be displayed with the report title, and a County label with County Name should be printed before the column headings.

Date: MM/DD/YYYY

Wisconsin Dept. of Health and Family Services
Report ID: PM02a00a
Division of Children and Family Services

Page: 9,999

WiSACWIS- Age Changes for MM/YYYY

(County Specific)

County: XXXXX

Case ID	Participant	Provider	WorkerID	Birth Date	Srvc	Srvc	Site	Excptn Amt
xxxxxxx	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX	xxxxxxx	MM/DD/YYYY	99999	99999	99999	\$9999.00-

Children in wrong age range placement

CASEID	CHILDDID	Participant	Age	Current Service	Provider ID
xxxxxxx	xxxxxxx	XXXXXXXXXXXXXXXXX	XXXXXX	xx XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX

(All-Counties)

County: XXXXX

Case ID	Participant	Provider	WorkerID	Birth Date	Old Srvc	New Srvc	Site	Change in Excptn Amt
xxxxxxx	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX	xxxxxxx	MM/DD/YYYY	99999	99999	99999	\$9999.00-

Children in wrong age range placement

CASEID	CHILDDID	Participant	Age	Current Service	Provider ID	County
xxxxxxx	xxxxxxx	XXXXXXXXXXXXXXXXX	XXXXXX	xx XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX